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# Implementing Logotherapy in Its Second Half-Century: Incorporating Existential Considerations Into Personalized Treatment of Adolescent Depression



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*The raw grit of anguish will never be in short supply ...  
we all have our darkness, and the trick is making something  
exalted of it.*

—Andrew Solomon<sup>1</sup>

**A**lthough biological processes have been directly targeted to substantial advantage in effective treatments for major depression, the evidence base for addressing potential “existential” contributions to depressive syndromes has lagged behind that related to other tractable mediators of the condition, such as cognitive bias, nonadaptive learned behavior, and variation in monoamine neurotransmission. Whether the experience of existential conflict is a cause or an effect of these phenomena is incompletely understood. Here, we provide a clinical update on knowledge surrounding a psychotherapeutic tradition that addresses existential issues but has not consistently been invoked in contemporary approaches to adolescent depression, and we consider whether the evolution of this approach, in concert with parallel advances in positive psychology, is nearing readiness for more systematic implementation in the treatment of adolescent depression. The goal of this article is to briefly summarize the state of the literature on logotherapy and to consider ways in which its implementation might be incorporated to advantage in the approach to treating adolescent depression.

Twenty-five years ago, D.J. Hacker proposed a framework for categorizing existential questions of early adolescence in relation to four key conflicts: isolation, death, choice, and meaning.<sup>2</sup> Each poses serious challenges to identity, and, importantly, Hacker summarized for each a predictable set of psychological defenses that “buffer” the impact of the respective existential question when it is experienced as

overwhelming or unmanageable. An example in relation to the prospect of death is a form of denial that presumes invulnerability and is manifested by risk-taking behavior. Such defenses mature as adolescents develop both the cognitive and characterologic capacity to sublimate or manage existential realities in more sophisticated ways. Unresolved existential conflicts—or those inadequately defended—constitute threats to identity and are associated with both depressive and suicidal symptomatology.<sup>3</sup> Like other stress states, existential conflicts are not intrinsically pathological—they invoke the need for specific types of mastery, which, in the logotherapy tradition, is fostered by social connectedness and a sense of purpose.<sup>4,5</sup> Logotherapy seeks to meld elements contemporarily associated with positive psychology—goal-setting, hope, self-efficacy, engagement in life—with the serious deliberation of existential questions and use of one’s capacity for freedom of will.

To this end, logotherapy was proposed by an Austrian neurologist, Dr. Viktor Frankl, during the early 20th century in part from his experiences as a survivor of the Holocaust, where he observed that “life holds a potential meaning under any conditions, even the most miserable ones,”<sup>6</sup> and that discovery (not creation) of such inherent meaning is a primary human responsibility. Logotherapy is a psychotherapeutic technique for addressing existential conflicts and cultivating the promotion of social connection and shared purpose, in service of discovery of purpose and transcendence of self.

In a logotherapy framework, a will to meaning serves as a primary motivator of change, with the recognition that revisions to cognitive structure, agency in decision making, and regulation of strong emotion can be marshalled in a coordinated approach to resolving existential conflicts.

Implementing this approach can be challenging for clinicians, because it requires what Frankl coined (but incompletely operationalized) a noögenic dimension of therapy, in addition to biological and psychological dimensions. The word noögenic refers to factors that “do not emerge from conflicts between drives and instincts, but rather from existential problems,”<sup>6</sup> involving social connection, facing one’s mortality, and responsible choice.<sup>6</sup> Exploring the noögenic dimension is predicated upon a social–emotional paradigm shift in which identity may be redefined, to extend beyond perceived limitations of “self.”<sup>4</sup>

## LOGOTHERAPY

The scientific literature on logotherapy is more extensive than might be inferred from the relatively small number of references to this treatment in clinical publications on adolescent depression. Recently, Thir and Batthyány<sup>5</sup> provided a comprehensive review of the state of empirical research on logotherapy, to which interested readers are referred. Briefly, open trials of logotherapy across diverse cultures have variously been associated with measurable reductions in depressive symptoms, resolution of hopelessness, restoration of patients’ sense of purpose, and an increased sense of agency and subjective well-being. More recently, logotherapy has been implemented in populations of adolescents faced with terminal cancer, with promising results in coping with existential conflicts and reduction in depressive symptomology. Unfortunately, only a few small clinical trials of logotherapy have been conducted in adolescent populations in the United States.

A significant historic contribution of logotherapy practice and research has been the development of a collection of psychometric tools to capture difficult-to-ascertain variations in the mastery of existential conflicts, including the Seeking of Noetic Goals (SONG), Meaning in Life Questionnaire (MIL), Purpose in Life Test (PIL), and the Logo Test–Revised (for brief descriptions, see Supplement 1, available online.) They were developed in a prior era in behavioral science, but attempted to operationalize constructs related to autonomy, social connectedness, empowerment, and purpose, and might serve as useful prototypes for a new generation of measures that more completely ascertain these constructs than do current standardized *DSM*-based symptom rating scales.

One of the overarching themes of the logotherapy literature is that the cultivation of meaning and purpose can be deconstructed into developmental steps, which are depicted schematically in Figure 1 and orthogonally aligned with milestones of character development and identity formation. For example, a foundation of the capacity to

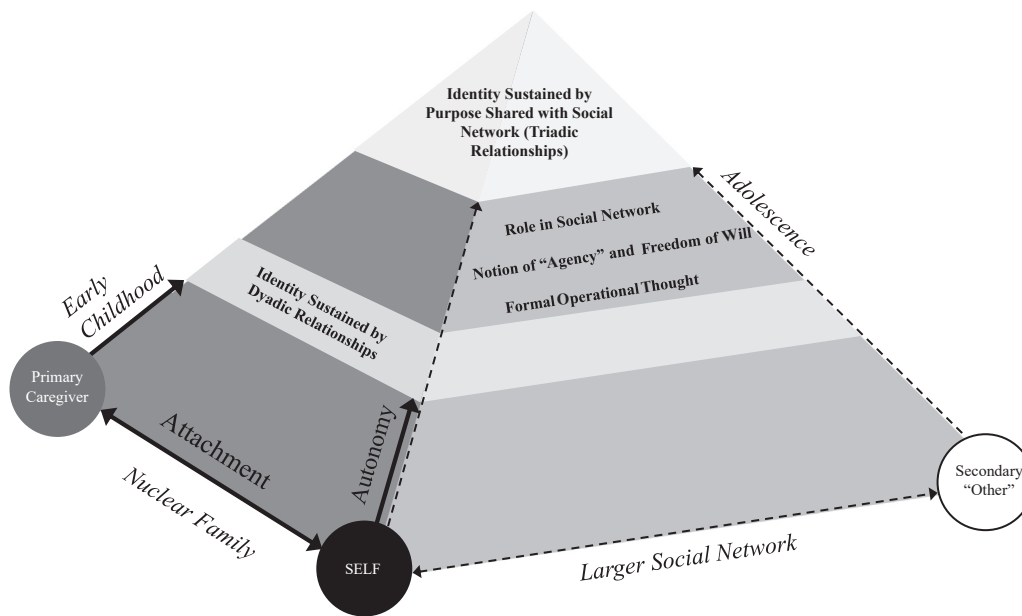
transcend existential conflict is a sense of agency,<sup>7</sup> operationalized by Cloninger<sup>8</sup> and others as the character trait of self-directedness, originally engendered by sensitive-responsive caregiving<sup>9,10</sup> in the context of early attachment relationships. A next milestone is the capacity to engage in successful dyadic relationships, which are critical to identity formation. Such relationships depend upon the ability to cooperate, predicated upon (a) recognition of boundaries between self and other, and (b) reconciliation of seemingly conflicting developmental drives for (1) interpersonal attachment and (2) autonomy. Healthy human social relationships are characterized by a harmonious balance of attachment (the drive to connect interpersonally) and autonomy (the drive to be free); both are simultaneously accommodated in a successful relationship. Cloninger identified the failure to acquire the capacity to cooperate (manifested by various patterns of deficiency in the formation of dyadic relationships<sup>8</sup>) as a primary predictor of personality disorder.

Once these dyadic competencies are acquired, milestones in the development of meaning and purpose follow the course of assimilation with the larger social network, which principally involves engagement in triadic relationships. At this stage, the notion of having the freedom (of will) to direct the course of one’s own life, exercising rather than defaulting on the capacity to choose, and a meaningful pathway by which to contribute to society serve as foundations of purpose, social connectedness, and human fulfillment.

## HEURISTICS OF LOGOTHERAPY FOR ADOLESCENT DEPRESSION

The steps in identity formation depicted in Figure 1 outline possible targets for augmentation of conventional treatment for adolescent depression. This can include directly tending to milestones of identity formation in the treatment strategy, or helping adolescents to understand how various aspects of conventional treatment (journaling, mindfulness, self-reflection, cognitive reframing) might be particularly helpful from an existential perspective. A hypothesis-generating matrix (see Table S1, available online) relates specific existential conflicts, identity deficits, and conventional treatment modalities that might be “matched” in the integration of logotherapy into practice, recognizing that any such guide to treatment must await empirical trials.

It is common for existential conflicts to feature tightly held assumptions that mortality and/or natural laws of cause-and-effect violate any possibility of freedom of will (see patient 1, Supplement 2, available online). When present, failure to attend to this foundational issue can

**FIGURE 1** Milestones of Identity Formation of Potential Relevance to Logotherapy

**Note:** Schematic depiction of developmental milestones relevant to discovery of purpose/meaning and the capacity to resolve existential concerns. In this schema, identity in childhood is principally derived from experience in dyadic family relationships. In adolescence, the context for identity shifts from the nuclear family to the larger social network, and developmental acquisition of the capacity for self-reflection and formal operational thinking prompt questions about one's place in and value to society. Clinical resolution of depression may be facilitated by specific attention to missed steps in identity formation, as depicted here.

undermine the impact of any treatment plan for adolescent depression, and psychoeducation regarding philosophical positions on the compatibility of determinism and freedom of will may constitute a critical step in instilling hope and setting the stage for recovery.<sup>11</sup> Second, for existential concerns that have led to preoccupation with death or self-harm (see patient 2, Supplement 2, available online), the use of focused thought experiments that shift the vantage point of observation from self to other can be considered: posing to a survivor of trauma whether he/she feels that other survivors of equivalent trauma should adopt the same response, and if not, why not; asking an individual engaging in self-harm to consider whether it would be equally acceptable to engage in similar harm to a loved one, and if not (this is almost always the case) why not; such prompts can stimulate critical new perspective taking on one's own response to hardship. Third, for patients who are depressed whose conditions are precipitated or aggravated by isolation, elements of supportive psychotherapy to cultivate a therapeutic relationship as a bridge to successful integration in social networks may be a critical requirement of effective treatment (see patient 3, Supplement 2, available online). Redefinition of "self," promotion of opportunities for serving others, and the elaboration of collaborative goals may be necessary to redirect highly constraining cognitive

distortions in many treatment-resistant depressive syndromes that might typically be left unaddressed in conventional evidence-based treatments. Especially in the current era of social media, with its reification of moment-to-moment appraisal of identity (and advertisement of extraordinary exemplars), logotherapeutic approaches may occupy an important niche in promoting adolescents' cultivation of self-driven identity and autonomy.

In this sense, a logotherapeutic approach can complement the application of disparate elements of therapy (ranging from psychoeducation to insight-oriented; see Table S1, available online), selected on the basis of relevance to the type of disruption in identity formation that sustains a depressive state in a given patient. It is important to note that logotherapy often emphasizes the role of human relationships in expanding the notion of a "self" from one that is constrained to a physical definition to one that extends beyond the limitations of one's own person (isolation) and individual lifetime (mortality). Logotherapy encourages consideration of personal investment in altruism (placing the needs of others before the needs of self), love (emotional investment of self in others), personal participation in a societal "whole" that is greater than the sum of its parts, and/or establishing a legacy of contribution to the world through one's own

chosen decisions. All represent elements of transcendence of "self;" they are invoked in logotherapy on the notion that many individuals derive their strongest, most sustaining sense of meaning and purpose from such contribution, which includes the formation of families and lasting social networks.

This is not to say that logotherapy is without risks. There are clinical situations in which exploration of existential concerns can conceivably intensify despair if those concerns remain unresolved or unimproved, and other scenarios in which invocation of social connection or altruism can backfire if unsuccessful or inducing unrealistic expectations of contribution to society that are ultimately unfulfilled. The application of logotherapy in practice, at the very least, should be tempered with respect for individual differences and humility regarding the complexity of the most serious and vexing existential questions that underlie life-and-death decision making contemplated by patients who are depressed. Clinicians must exercise caution to avoid setting unrealistic expectations of patients, including the unintentional induction of guilt by overemphasizing altruistic paths to recovery, and recognize that a sense of meaning can come from reasonable attempts to promote generativity and social integration.

## CONCLUSIONS

Given a half century of progress in logotherapy, its thematic overlap with mainstream theories of personality development,<sup>8</sup> and contemporary existential challenges of adolescence—including pervasive influences of social media on adolescent identity and the unprecedented isolation and risk to life inherent in the recent global coronavirus pandemic—logotherapy warrants inclusion in

the armamentarium of interventions to consider in the management of acute depressive syndromes in adolescence. Addressing existential conflicts as drivers of adolescent depressive symptomatology can be integrated to advantage with any or all conventional interventions for adolescent depression. Revisiting and operationalizing methods to quantify meaning/purpose and implement logotherapy in clinical settings holds potential for improved care for many patients whose response to traditional treatment has been suboptimal and/or is significantly influenced by unresolved existential concerns.

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